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| <b>REVOCATION OF POWER OF ATTORNEY</b><br><br><b>AND</b><br><b>CHANGE OF CORRESPONDENCE ADDRESS</b> | Application Number     | 09/751,121    |
|   | Filing Date            | Dec. 28, 2000 |
|   | First Named Inventor   | Abendroth     |
|   | Art Unit               | 3624          |
|   | Examiner Name          | E. Colbert    |
|   | Attorney Docket Number |               |

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

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OR

|   |                          |       |                    |
|---|--------------------------|-------|--------------------|
| <input checked="" type="checkbox"/> Firm or Individual Name |                          |       |                    |
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
**SIGNATURE of Applicant or Assignee of Record**

|           |   |           |                |
|-----------|---|-----------|----------------|
| Name      | John C. Abendroth   |           |                |
| Signature |  |           |                |
| Date      | MAY 16, 2005  | Telephone | (414) 517-3101 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

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